

**Local Public Health Authority COVID-19 Funding, FY 22**

REVISED 3/14/2022. **Changes in red.**

This document provides an overview of the funds awarded to local public health authorities (LPHAs) for the COVID-19 response in FY 22. This document is designed to guide LPHAs to where to allocate charges associated with the response.

Program Element	01-04/05/06	01-07	01-09	01-08	01-10	12-02	43-06	51-03	FEMA vaccine project through OHA
<b>Start-end dates</b>	Funds inactive as of 6/30/21  Refer to previous tables for information on these funding streams.	12/31/20- <b>07/31/24</b>	01/15/21- <b>07/31/24</b>	12/31/20- <b>07/31/24</b>	7/1/20-6/30/24	3/21/20-3/15/22	7/1/20-6/30/24	7/1/21-6/30/23	12/1/20- <b>7/1/22</b> Direct FEMA funding questions to <a href="mailto:ohacovid.fema@state.or.us">ohacovid.fema@state.or.us</a>
<b>Funding source</b>		Federal Funds – CDC Epidemiology and Laboratory Capacity (ELC) grant	Federal Funds – CDC Epidemiology and Laboratory Capacity (ELC) grant	Federal Funds – CDC Epidemiology and Laboratory Capacity (ELC) grant	Federal Funds – CARES Act Immunization	Federal Funds – Public Health Emergency Preparedness Supplement	Federal Funds – CARES Act Immunization	Federal Funds – Public Health Emergency Preparedness Supplement	FEMA
<b>Deliverables</b>		(For PE01 -07 and -09) Budget plan and narrative due by May 31, 2021.			Quarterly performance reporting.	Budget plan and narrative.  Community intervention implementation plan by 6/30/20	Report on revenue and expenditure report.	Funds may be used to support deliverables in Program Element 51.	Monthly activity report and invoices
<b>Funded activities</b>		(For PE01 -07 and -09) COVID-19 active monitoring: cultural and linguistic competency and responsiveness; testing coordination; case investigation; contact tracing; isolation and quarantine; wraparound supports; infection prevention and control for high-risk settings; and community education.		Provide housing, utilities, food and other wraparound services for individuals in isolation/quarantine.	Vaccine planning and delivery: collaborating with partners; assuring cultural and linguistic access; assuring populations most impacted by COVID-19 are served; promote vaccines and improve	Development of community intervention implementation plan  Virtual infection control assessments in	Planning, maintenance and enhancement of local and regional immunization infrastructure, communication and training.	Establish, expand, train and sustain the public health workforce gained during the COVID-19 pandemic. Strategies for public health and community prevention,	Vaccine delivery through participating local public health authorities, fire departments, pharmacies, primary care providers and hospitals.

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					vaccine confidence in communities of color, Tribal communities, disability communities and others.	congregate care facilities  Planning for hospital transfers  Case investigation and contact tracing	Education and immunization services to communities at highest risk of comorbidity from influenza, pneumonia and COVID-19	preparedness, response and recovery. Strategies for eliminating health inequities which may include workforce diversity and developing or sustaining community partnerships.	
<b>Allowable expenses</b>		(For PE01 -07 and -09) Personnel and contracts, laboratory equipment, travel, supplies, software, wraparound service direct costs, health communications, outreach and engagement, contracts with universities or laboratories, minor capital improvements.  Vehicle purchases must be pre-approved by CDC. Please email <a href="mailto:publichealth.policy@dhsaha.state.or.us">publichealth.policy@dhsaha.state.or.us</a> with the following information prior to making a vehicle purchase: 1) justification for the purchase; 2) total number of vehicles being purchased; 3) cost per vehicle; 4) which funding source is being used for the purchase. OHA will work with CDC as quickly as possible to obtain approval.		These funds may only be used for wraparound service direct costs. This includes housing such as hotels, motels, rent or mortgage; food; utilities such as water, electricity and gas; other costs such as transportation, communications like minutes on cell phones, medical supplies not otherwise covered, child care.	Personnel, equipment, supplies, software, vaccine communications, vaccine outreach and engagement, incentives for vaccination up to \$100 per recipient*, contracts for vaccination activities, minor capital improvements necessary for increasing vaccine access.  * <a href="#">Local Vaccine Request Form</a> must be submitted by 1/7/22 if LPHA uses funds for vaccine incentives.			Personnel, contracts, travel, equipment, software purchases required to complete PE51 work plan, educational materials as needed to complete PE51 work plan, accreditation and reaccreditation fees.	Costs associated with vaccine administration beyond revenue generated through billing and other funding sources, including personnel, volunteers, contractors, space rentals, health communications, software, transportation costs. Any capital equipment purchased would either need to be returned or paid back at its value at the end of the contract.
<b>Non-allowable expenses</b>		(For PE01 -07 and -09) Purchase or lease of buildings or large capital improvements. Salary and other costs associated with provision of direct medical services.		Indirect costs.  Lost wages, car payments, credit card payments, past due payments, or student or personal loans.	Personnel or contracts related to case investigation, contact tracing or wraparound services. Purchase of vehicles or mobile units (rent/lease is			Direct medical services, purchase of vehicles, purchase of meals outside of the OHA Healthy Meetings Policy,	Incentives of any kind, wraparound services.  Indirect costs cannot exceed 10%.

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		Vaccine expenses. Beginning 1/1/22 vaccine expenses must be charged to PE01 -10 or the FEMA Vaccine Project only. Refer to <a href="#">PE 01-07 01-08 01-09 01-10: COVID-19 LPHA Budget Guidance</a> for information on charging vaccine costs to PE01_07 prior to 1/1/22.			allowable), music or food for vaccine events.			research or political actions.	
<b>Funding model</b>		Public health modernization funding formula, paid in full upon execution.		\$20,000 per LPHA that opted in; paid in full upon execution.	Public health modernization funding formula paid in full upon execution.  Potential additional funds for LPHAs that opt to conduct COVID vaccine site visits.	Public health modernization funding formula, paid in full upon amendment execution.	Public health modernization funding formula	Public health modernization funding formula	\$1-\$3M not-to-exceed amount based on local public health authority preference